

Documents required for compensation in case of death in offence u/s 304 A IPC

1. Application u/s 357A Cr.P.C. along with affidavit.
2. Surviving Member Certificate issued by concerned SDM
3. Dependency Certificate/ affidavit.
4. Income certificate/proof of the deceased.
5. Bank details of surviving members of deceased.
6. Death certificate of the deceased.
7. DAR set.
8. Copy of ID documents of surviving members.
9. Latest order of Ld. MM.
10. Latest Order of Ld. MACT.
11. Copy of PAN card of the applicants.
12. Affidavit that no other compensation has been received from any other authority or if compensation has been received from any other authority, the date of compensation received and quantum of compensation received.
13. Duly filled Form -I and form-II of Delhi Victim Compensation Scheme, 2015.
(Please refer Delhi Victim Compensation Scheme, 2015)

FORM -1**(Annexure A-3)****APPLICATION FOR THE AWARD OF COMPENSATION UNDER DELHI VICTIMS
COMPENSATION SCHEME, 2015 F OR INTERIM/FINAL RELIEF**

1.	Name of the Applicant Victims(s) or his/her/their Dependent (s)	
2.	Age: of the Victim(s) or his/her/their Dependent(s)	
3.	(a) Father's Name	
	(b) Mother's Name	
	(c) Spouse's Name	
4.	Address of the Victims(s) or his/her/their Dependent (s)	
5.	Date and time of the Incident	
6.	Whether FIR has been lodged? If Yes, enclose Copy of FIR. If No, give status thereof.	
7.	Whether medical examination has been done? If yes, enclose Medical Report/Death Certificate/P.M. Report.	
8.	Status of trial, if pending. If over, enclose copy of judgment and order on sentence.	
9.	Has the applicant been awarded any compensation by the trial court or any other Govt. agency. If, yes give details.	
10.	Give details of financial expenditure/loss incurred	
11.	Have you instituted any civil suit/claim against perpetrator of offence . If yes give details.	

Signature of the Victim/Dependent.

FORM -II

(Annexure A-4)

UNDERTAKING

To be submitted before the disbursal of the compensation under Delhi Victims Compensation Scheme, 2015 Before DSLSA/DLSA by the Victims or their Dependents)

(Strike out whichever is not applicable)

I/We..... (Name of the Victim or their Dependents) S/o, D/o,
W/o R/o

..... hereby undertake that I/We have read all the entire Delhi Victims Compensation Scheme, 2015 and after fully understanding the same, I/We have filled in the undertaking form.

I/We fully undertake that, if at a later stage, the Trial Court while passing the judgment awards compensation to me/us under Section 357 Cr.P.C. I shall inform the same DSLSA/DLSA promptly.

I/We undertake that in case the Compensation awarded to me/us U/s 357 Cr.P.C is paid by the convict to me/us, I/We shall refund the compensation received by me/us from this Authority.

I/We also undertake that in case under the order of Trial Court, Convict compensates me/us by paying amount which is less than compensation provided to me/us under this Scheme then I/We shall refund that portion of the compensation received by me/us from this Authority.

I/We am/are aware that the first charge/duty to compensate me/us for loss or injury or rehabilitation is that on the convict and upon receipt of compensation from the convict I/We am/are supposed to refund the compensation received from this Authority under the Scheme.

I/We shall have no objection in case the amount supposed to be refunded by me/us in future is obtained by this Authority directly from the my/our Bank Account/FDR opened/prepared at the time of disbursal of compensation under the Scheme

This information given by me/us in my/our application form is true to the best of my/our knowledge and belief.

Dated: _____

Signature of the Applicant/Victim/Dependent